

OFFICE SEEKIN	G:					
CANDIDATE INF						
(Print)	First	Middle	Last			IAC Number
Address:						
	Street		City	State	Zip	
Home Phone: _			E-Mail:			
Cell Phone:		IAC Chapter Af	filiation:			
SIGNATURE / D	OATE:					
			DATE:			
Candidate Signature			MM/DD/YY			

MEMBER SIGNATURES

	SIGNATURE	PRINTED NAME	IAC#	EXPIRE DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				
11.				
12.				
13.				
14.				
15.				

In order for this petition to be valid, it must contain signatures of at least ten (10) current IAC members. A resume and a recent photograph of the candidate must accompany this petition.

The Nominations Chairman must receive this petition no later than April 13, 2025. Send completed petitions to: